| PATENT APPLICATION FEE DETERMINATION RECORD                            |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       |                     | Application of Docket Number |                  |                     |                        |  |
|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------|----------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|-------|---------------------|------------------------------|------------------|---------------------|------------------------|--|
|                                                                        | PATENT A                                       |                                           | ATIO:            | 10673675                               |                                             |                                                                                                                 |                  |       |                     |                              |                  |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | SMALL EN            | πιγ                          | OR               | OTHER<br>SMALL E    |                        |  |
| TOTAL CLAIMS                                                           |                                                |                                           |                  | 10                                     |                                             |                                                                                                                 |                  |       | RATE                | FEE                          |                  | RATE                | FEE                    |  |
| FOR                                                                    |                                                |                                           |                  | NUMBER FILED                           |                                             | NUMBER EXTRA                                                                                                    |                  |       | Basic Fee           | 375.00                       | OR               | Basic Fee           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                |                                                |                                           |                  | Minus 20=                              |                                             | *                                                                                                               |                  |       | X\$ 9=              |                              | OR               | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                     |                                                |                                           |                  | minus 3 =                              |                                             |                                                                                                                 |                  | į     | X42=                |                              | OR               | X84=                |                        |  |
|                                                                        | LTIPLE DEPEN                                   |                                           | AIM P            | RESENT                                 | ENT                                         |                                                                                                                 |                  |       | +140=               |                              |                  | +280=               |                        |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       |                     |                              | OR               |                     | -7 cm -                |  |
| 16.4                                                                   |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | TOTAL               |                              | OR               | TOTAL               | -7m-                   |  |
| ٠ _                                                                    | -14-04 C                                       | LAIMS<br>(Colum                           |                  | MENDED - PART II (Column 2) (Column 3) |                                             |                                                                                                                 |                  | SMALL | ENTITY              | OR                           | OTHER<br>SMALL I |                     |                        |  |
| V                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  |                                        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                                                                                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE       |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                              | Total                                          | . 9                                       |                  | Minus                                  | - 20                                        |                                                                                                                 |                  |       | X\$ 9=              |                              | OR               | X\$18=              |                        |  |
| REP                                                                    | Independent                                    | ٠                                         |                  | Minus                                  | ***                                         | 3                                                                                                               | ° —.             | I     | X42=                |                              | OR               | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | +140=               |                              | OR               | +280=               |                        |  |
|                                                                        |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | TOTAL<br>ADDIT, FEE |                              |                  | TOTAL               |                        |  |
|                                                                        | (Column 1) (Column 2) (Column 3)               |                                           |                  |                                        |                                             |                                                                                                                 |                  |       |                     | <u> </u>                     | ,                | ADDIT. FEE          |                        |  |
| NTB                                                                    | *Toate                                         | (Colur<br>CLA)<br>REMAI<br>AFT<br>AMENS   | MS<br>NING<br>ER |                                        | HIG<br>NUM<br>PREV                          | HEST<br>MBER<br>NOUSLY<br>OFOR                                                                                  | PRESENT          | Y     | DAY TE              | ADDI-<br>FRONAL<br>FEE       |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                        | Total                                          |                                           | V                | Minus                                  | **                                          | 20                                                                                                              | 3                |       | X\$ 8=              |                              | OR               | X\$18=              |                        |  |
| AMENDMENT B                                                            | Independent                                    | Ŀ                                         | 7                | Minus                                  |                                             |                                                                                                                 | 2                |       | X42=                |                              | OR               | X84=                |                        |  |
| ഥ                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                  |                                        |                                             |                                                                                                                 | •                | +140= | ·                   | OR                           | +280=            |                     |                        |  |
|                                                                        |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | TOTAL<br>ADDIT, FEE |                              | OR               | YOTAL<br>ADDIT, FEE |                        |  |
|                                                                        | . •.                                           |                                           |                  |                                        | _                                           |                                                                                                                 |                  |       |                     |                              |                  |                     |                        |  |
| AMENDMENT C                                                            |                                                | REMA<br>AFT                               | IMS              |                                        | HIG<br>NUI<br>PREV                          | JMR 2)<br>WEST<br>MBER<br>TOUSLY<br>D FOR                                                                       | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE       |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                        | Total                                          | •                                         |                  | Minus ·                                | ••                                          | المنافع | a.               |       | X\$ 9=              |                              | OR               | X\$18=              |                        |  |
|                                                                        | Independent                                    | •                                         |                  | Minus                                  | ***                                         | T C! 4"4                                                                                                        | =                | 1     | X42=                |                              | OR               | · X84=              |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                                |                                           |                  |                                        |                                             |                                                                                                                 |                  |       | +140=               |                              | OR               | +280=               |                        |  |

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\*U.S. Government Printing Office: 2003-429-48475011

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TOTAL ADDIT, FEE